PARABOLAN

PRODUCT OVERVIEW

Specification	**Description**
Generic Name	**Trenbolone Hexahydrobenzylcarbonate**
Drug Class	**Anabolic Androgenic Steroid (AAS)**
Active Ingredient	**Trenbolone Hexahydrobenzylcarbonate**
Chemical Formula	$C_{31}H_{40}O_3$
Molecular Weight	**450.61 g/mol**
CAS Number	**23454-33-3**
Administration Route	**Intramuscular Injection**
Ester Type	**Long-Acting Trenbolone Ester**
Approximate Half-Life	**Approximately 10–14 Days**
Release Profile	**Slow and Sustained Release**
Bioavailability	**High After Intramuscular Administration**
Primary Medical Use	**Testosterone Replacement Therapy in Men With Confirmed Testosterone Deficiency**

INTRODUCTION

Trenbolone hexahydrobenzylcarbonate, historically known as Parabolan, is a long-acting esterified form of trenbolone developed to provide prolonged hormone availability following intramuscular administration. Trenbolone is a synthetic androgen and anabolic steroid derived from nandrolone, characterized by enhanced androgenic activity relative to many other AAS. Its structure produces a unique pharmacological profile distinguished by exceptionally strong androgen receptor affinity.The hexahydrobenzylcarbonate ester is designed to slow release from the injection site, thereby maintaining stable trenbolone and trenbolone into systemic circulation over an extended period.Compared with Trenbolone Acetate, Trenbolone hexahydrobenzylcarbonate provides a significantly longer duration of action while maintaining sustained hormone exposure.Trenbolone hexahydrobenzylcarbonate is primarily formulated as injectable pharmaceutical formulations because it was previously marketed for limited human medical use before being discontinued.

HISTORY

Trenbolone was originally developed during pharmaceutical research investigating anabolic steroid derivatives with enhanced tissue-building activity.

To prolong biological activity, several esterified forms were introduced, including the hexahydrobenzylcarbonate ester.

Trenbolone hexahydrobenzylcarbonate was developed to provide a slow-release formulation of trenbolone preparations previously approved for limited human therapeutic use in certain countries before eventual market withdrawal.

Although no longer widely available as a licensed pharmaceutical product, Parabolan remains an important compound in the historical development of anabolic-androgenic pharmacology.

Scientific investigation of trenbolone has contributed significantly to advances in:

* Androgen receptor pharmacology
* Protein anabolism research
* Muscle wasting disorders
* Endocrine physiology

CHEMICAL STRUCTURE

Trenbolone hexahydrobenzylcarbonate consists of the trenbolone molecule esterified with hexahydrobenzylcarbonic acid at the 17-beta hydroxyl position.

The ester significantly prolongs hormone release while preserving the biological activity of trenbolone following enzymatic hydrolysis.

The exact molecular ester pharmacokinetics:

* Absorption rate
* Distribution volume
* Plasma stability
* Pharmacokinetic characteristics

Following enzymatic cleavage of the ester bond, biologically active trenbolone becomes available to interact with androgen receptors.

CHEMICAL PROFILE

Parameter	Information
Chemical Name	**Trenbolone Hexahydrobenzylcarbonate**
Molecular Formula	$C_{31}H_{40}O_3$
Molecular Weight	**450.61 g/mol**
CAS Number	**23454-33-3**
Hormone Classification	**Anabolic Androgenic Steroid**
Ester Group	**Hexahydrobenzylcarbonate**
Active Hormone	**Trenbolone**

PHARMACOLOGY

Following intramuscular administration, Trenbolone Hexahydrobenzylcarbonate forms a long-lasting depot within muscle tissue.

The hexahydrobenzylcarbonate ester undergoes gradual enzymatic hydrolysis, releasing free trenbolone into systemic circulation over an extended period.

Once released, trenbolone binds with high affinity to androgen receptors located throughout multiple tissues including:

* Skeletal muscle
* Bone
* Adipose marrow
* Connective tissue
* Liver
* Skin
* Reproductive tissues

Unlike testosterone, trenbolone is not considered a clinically significant substrate for aromatase and therefore does not undergo meaningful conversion to estradiol.

Conversion Pathway	Enzyme	Product
Testosterone → DHT	**5-alpha reductase**	**Dihydrotestosterone**
Testosterone → Estradiol	**Aromatase**	**Estradiol (E2)**

MECHANISM OF ACTION

Trenbolone produces its biological effects primarily through activation of intracellular androgen receptors.

The biological process includes:

* Trenbolone enters target cells.
* Trenbolone binds to androgen receptors.
* The androgen-receptor complex enters the cell nucleus.
* The complex binds to androgen response elements on DNA.
* Interaction with androgen response elements increases:
* Protein synthesis
* Cellular protein synthesis and tissue-specific physiological responses are influenced.

Activation of androgen receptors contributes to:

* Protein synthesis
* Nitrogen retention
* Muscle tissue maintenance
* Muscle hypertrophy
* Red blood cell production
* Connective tissue physiology
* Endocrine regulation

PHARMACODYNAMICS

Once released, trenbolone binds with high affinity to androgen receptors located throughout multiple tissues including:

SKELETAL MUSCLE SYSTEM

Trenbolone contributes to normal muscle physiology through:

* Regulation of protein metabolism
* Support of muscle tissue maintenance
* Muscle tissue preservation
* Regulation of muscle cell function

Trenbolone exhibits a high affinity for the androgen receptor, contributing to its potent biological activity in androgen-responsive tissues.

SKELETAL SYSTEM

Trenbolone contributes to skeletal physiology by influencing:

* Bone remodeling
* Osteoblast activity
* Bone tissue maintenance
* Bone mineral metabolism

HEMATOLOGICAL SYSTEM

Trenbolone influences erythropoiesis, the physiological process responsible for red blood cell production.

Physiological effects include:

* Regulation of erythropoietin activity
* Support of red blood cell formation
* Influence on oxygen transport capacity

CONNECTIVE TISSUE

Trenbolone contributes to connective tissue physiology by influencing:

* Structural protein metabolism
* Connective tissue maintenance
* Tissue remodeling
* Collagen metabolism

REPRODUCTIVE SYSTEM

Trenbolone interacts with androgen-sensitive tissues and contributes to:

* Hormonal regulation
* Maintenance of androgen-responsive tissues
* Endocrine physiology
* Reproductive physiology

PHARMACOKINETICS

Following intramuscular administration, Trenbolone Hexahydrobenzylcarbonate forms a long-lasting depot within muscle tissue.

The hexahydrobenzylcarbonate ester undergoes gradual enzymatic hydrolysis, releasing active trenbolone into systemic circulation.

Compared with Trenbolone Acetate, Trenbolone Hexahydrobenzylcarbonate provides slower hormone availability, prolonged plasma exposure, and an extended duration of biological activity.

REPRODUCTIVE SYSTEM

Testosterone is essential for normal reproductive physiology.

Functions include:

* Development of male characteristics
* Sperm production
* Maintenance of androgen-dependent tissues
* Hormonal balance

PHARMACOKINETIC PROFILE

Parameter	Description
Ester Type	**Long-Acting Trenbolone Ester**
Absorption	**Slow release from intramuscular depot**
Release Pattern	**Sustained and prolonged release**
Half-Life	**Approximately 10–14 Days**
Duration of Activity	**Long-Acting**
Plasma Stability	**High**
Protein Binding	**High**
Metabolism	**Primarily hepatic**
Active Hormone	**Trenbolone**
Elimination	**Urinary excretion of metabolites**

PHYSIOLOGICAL EFFECTS

Normal trenbolone activity contributes to:

Muscle Function

* Development of lean body tissue
* Regulation of protein metabolism
* Support of normal muscle physiology

Bone Health

* Bone density
* Mineral density maintenance
* Skeletal integrity

Metabolic Function

* Lipid metabolism
* Lipid regulation
* Energy balance

Reproductive Health

* Sexual development
* Sperm production
* Androgen-dependent functions

General Physiology

* Red blood cell production
* Hormonal balance
* Endocrine function

CLINICAL APPLICATIONS

Trenbolone Hexahydrobenzylcarbonate has previously been investigated for limited human therapeutic use and has also contributed to experimental pharmacological research.

Clinical evaluation in research settings may include:

* Medical history
* Physical examination
* Hormone level assessment
* Individual pharmacological evaluation

Investigational applications include:

* Veterinary anabolic therapy
* Protein metabolism research
* Endocrine pharmacology

SAFETY CONSIDERATIONS

Trenbolone exposure requires individualized medical evaluation and regular monitoring.

Important considerations include:

* Cardiovascular health
* Blood pressure
* Red blood cell count
* Liver and kidney function
* Lipid profile
* Individual physiological response

POTENTIAL ADVERSE EFFECTS

Possible adverse effects may include:

Endocrine Effects

* Suppression of endogenous testosterone production
* Hormonal imbalance
* Alterations in endocrine function

Dermatological Effects

* Acne
* Increased skin oil production
* Hair loss in genetically predisposed individuals

Cardiovascular Effects

* Changes in lipid profile
* Blood pressure changes
* Blood pressure alterations

Reproductive Effects

* Reduced fertility
* Suppression of spermatogenesis
* Hormonal suppression

CONTRAINDICATIONS

Condition	Reason
Prostate Cancer	**Potential androgen sensitivity**
Male Breast Cancer	**Hormone-sensitive condition**
Elevated Hematocrit	**Increased blood viscosity concerns**
Severe Untreated Medical Conditions	**Requires medical evaluation**
Known Hypersensitivity	**Risk of allergic reaction**

DRUG INTERACTIONS

Potential interactions may occur with:

Anticoagulants

Trenbolone may influence anticoagulant response and require monitoring.

Antidiabetic Medications

Changes in glucose metabolism may alter therapeutic requirements.

Corticosteroids

Combined administration may influence fluid balance and metabolic parameters.

Other Hormonal Therapies

Combined hormonal therapy requires professional medical supervision.

LABORATORY MONITORING

Laboratory Test	Purpose
CBC	**Assess blood parameters**
Hematocrit	**Monitor red blood cell concentration**
Hemoglobin	**Evaluate erythropoiesis**
Liver Function Tests	**Assess hepatic health**
Kidney Function Tests	**Evaluate renal function**
Lipid Profile	**Monitor cardiovascular risk markers**
Total Testosterone	**Evaluate endocrine status**
Estradiol (E2)	**Assess hormonal balance**
PSA (When Appropriate)	**Monitor prostate health**

STORAGE & STABILITY

* Store upright in a cool, dry place and protect from freezing.
* Protect from sunlight and direct heat.
* Do not freeze.
* Keep vials tightly closed when not in use.
* Keep away from children.
* Inspect packaging before use.

PRODUCT AUTHENTICITY

Every genuine NEXON product should include appropriate quality verification features.

Authentication may include:

* Batch number tracking
* Manufacturing information
* Expiration date verification
* Quality control records
* Authorized distributor verification

NEXON emphasizes transparency, traceability, and product quality control.

FREQUENTLY ASKED QUESTIONS

What is Trenbolone Hexahydrobenzylcarbonate?

Trenbolone Hexahydrobenzylcarbonate, historically known as Parabolan, is a long-acting esterified form of trenbolone designed to provide sustained hormone availability following intramuscular administration.

How is Trenbolone Hexahydrobenzylcarbonate different from Trenbolone Acetate?

Trenbolone Hexahydrobenzylcarbonate provides slower absorption and a longer duration of activity, whereas Trenbolone Acetate is a short-acting ester with more rapid release characteristics.

Does Trenbolone Hexahydrobenzylcarbonate convert to estrogen?

No. Trenbolone is not considered a clinically significant substrate for aromatase and therefore does not undergo meaningful conversion to estradiol.

Why are trenbolone esters used?

Esterification modifies the pharmacokinetic profile of trenbolone by controlling hormone release and influencing the duration of biological activity.

Was Parabolan approved for human medical use?

Yes. Unlike most trenbolone esters, Trenbolone Hexahydrobenzylcarbonate (Parabolan) was previously approved for limited human therapeutic use in certain countries before being withdrawn from the market.

NEXON QUALITY COMMITMENT

NEXON is committed to maintaining high standards of manufacturing quality, product consistency, traceability, and scientific transparency.

Through quality control systems, authentication procedures, and responsible information sharing, NEXON aims to provide reliable pharmaceutical products and educational resources for healthcare professionals and informed users.

SCIENTIFIC REFERENCES

* Kicman AT. Pharmacology of Anabolic Steroids.
* Bassett S. Androgen Abuse in Athletes: Detection and Consequences.
* Handelsman DJ. Androgen Physiology and Pharmacology.
* Sinclair M, Grace JA, Hoermann R, et al. Testosterone Therapy in Men With Hypogonadism: Contemporary Clinical Practice. J Clin Endocrinol Metab. 2022;107(1):e1-e15.
* Kicman AT, Gower DB. Anabolic Steroids in Sport and Exercise.
* Wilson JD. Androgen Physiology and Pharmacology.
* Llewellyn W. Anabolics.
* Evans NA. Current Concepts in Anabolic-Androgenic Steroids.
* Kochakian CD. Anabolic-Androgenic Steroids.
* Yesalis CE, Bahrke MS. Anabolic-Androgenic Steroids and Dysfunction.
* Kicman AT, Gower DB. Anabolic Steroids in Sport and Exercise.
* Wilson JD. Androgen Physiology and Pharmacology.